CITY OF LINCOLN/LANCASTER COUNTY

CONTRACT AWARD NOTIFICATION SPECIFICATION NO.03-010 UNIT PRICE CONSTRUCTION CONTRACT FOR MISCELLANEOUS ELECTRICAL SERVICES

DATE: April 20, 2004 PURCHASING DIVISION

K-STREET COMPLEX
440 SOUTH 8TH STREET
LINCOLN, NEBRASKA 68508

CONTRACTOR: Hy-Electric, Inc. (402) 441-7410

6700 Seward Ave.

CONTRACT PERIOD: May 1, 2004 thru April 30, 2005

P.O. Box 29471 Company Representative: Paul N. Heiman

Lincoln, NE 68529 **Telephone No.**: 402/466-6606

FAX No.: 402/464-1575

E-Mail Address: Hyelectric@alltel.net

THE CITY/COUNTY'S SPECIFICATIONS AND THE CONTRACTOR'S ACCEPTED PROPOSAL AND PRICING SCHEDULES, NOW ON FILE IN THE OFFICE OF THE CITY CLERK AND/OR THE COUNTY CLERK, ARE ADOPTED BY REFERENCE AND ARE AS FULLY A PART OF THIS CONTRACT FOR THE ABOVE-NAMED COMMODITY AS IF REPEATED VERBATIM HEREIN.

Labor Rates:

Master Electrician	@	\$35.00/Hr.
Journeyman Electrician	@	\$35.00/Hr.
Electrician's Apprentice	@	\$25.00/Hr.
Laborer	@	\$20.00/Hr.

Overhead & Profit:

Material	excluding	freight	@	10%
Equipment	_		@	10%
Subcontra	actor Costs	3	@	10%

NO ACTION NEED BE TAKEN BY THE CONTRACTOR AT THIS TIME. ORDERS FOR MATERIAL WILL BE MADE AS NEEDED BY THE VARIOUS CITY/COUNTY DEPARTMENTS.

DEPARTMENTS REQUIRING CATALOGS AND/OR PRICING SCHEDULES SHALL NOTIFY THE CONTRACTOR DIRECTLY.

E.O. #70097 Dated: 04/16/04

CITY OF LINCOLN, NEBRASKA

UNIT PRICE QUOTATION

MISCELLANEOUS ELECTRICAL SERVICES, 03-010

TO DEPARTMENT/AGENCY REPRESEI	NTATIVE:	Date:	
FROM (CONTRACTOR):	NIMIIVE.		
PROJECT NUMBER:			
PROJECT DESCRIPTION:			
TROOLOT DECORN TION.			
When making a quotation please breakdo Materials, Equipment, Overhead and Subareas as shown. If an item does not ap	contractors Cos	sts. Fill in the follow	wing Tables in the
TIME OF COMPLETION			,
Estimated Start Date			
Number of Days to Complete			
LABOR COST TABLE			
CONTRACTOR	RATE	NO. HOURS	TOTAL \$ AMOUNT
Master Electrician			
Journeyman Electrician			
Electrician's Apprentince			
Laborer:			
Other			
TOTAL LABOR			
EQUIPMENT AND MATERIAL COSTS			
ITEM	COST	% O. & P.	TOTAL \$ AMOUNT
Total Equipment Costs			
Total Materials Cost			
Total Shipping Cost			
O. & P. ON SUBCONTRACTORS COST	S		
SUB-CONTRACTOR (NAME)	COST	% O. & P.	TOTAL \$ AMOUNT
Sub No. 1			
Sub No. 2			
Sub No. 3			
Sub No. 4			
Sub No. 5	1		
TOTAL PRICE (NOT TO EXC	EED)	\$	
FIRM:		<u> </u>	Change Order #:
BY:			Accepted:
ADDRESS:			Not Accepted:
PHONE A	APPROVED BY	<u>'</u> :	-
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	DATE:	. 3	•